

Browning Public Schools  
**Board Agenda Request**  
Meeting To Be Held: 04/29/20



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**Recognition:**   ☐ Students                      ☐ Staff                      ☐ Parents  
**Information:**   ☐ Building Report                      ☐ Old Business                      ☐ Superintendent's Report  
**Action:**   ☐ Resignation                      ☐ Hiring                      ☒ Contract Service Agreements  
                    ☐ Travel Out-of-State                      ☐ Travel In State                      ☐ Approvals  
                    ☐ Termination                      ☐ Legal Matters                      ☐ Other:  
This action request pertains to ☐ Elementary (only)                      ☒ High School/District Wide

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**Date:**      04/20/20

**To:**          **Corrina Guardipee-Hall**  
                    Superintendent

**From:**      Maureen Stott  
**Title:**      Special Services Director

**Subject: Contract Service Agreement: Speech-Language Pathologist 2020-2021**

**Description:** Recommend Gregory Logan to provide Speech/Language Pathology Services for the 2020-2021 school year.

**Financial Impact:** \$ 70,400.00

**Funding Source (Budget/grant, etc.):** 115-76-456-2152-330-611

**Attachment(s):** Contract Service Agreement

**Approval:** Superintendent's Office/Finance/Personnel as applicable (Initial) \_\_\_\_\_

**Comments:** \_\_\_\_\_

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**Board Action:**      ☐ N/A (Info)      ☐ Approved      ☐ Denied      ☐ Tabled to: \_\_\_\_\_

Browning Public Schools  
**CONTRACT SERVICE AGREEMENT**  
(406) 338-2715 • (406) 338-3200

**Date:** April 20, 2020

**Board Approval:** \_\_\_\_\_

**Contractor:** Gregory Logan

**Phone:** (406) 270-1949

<b>Address</b>	<u>P.O. Box 458</u>	<u>Whitefish</u>	<u>MT</u>	<u>59937</u>
	<small>P.O. Box or Street Address</small>	<small>City</small>	<small>State</small>	<small>Zip</small>

**Type of Project/Service** (be specific): The Speech/Language Pathologist will provide speech/language therapy services to include but will not be limited to testing, diagnosis, therapy, writing evaluation reports, conducting evaluation report meetings, supervising therapy aide, writing individual education plans (IEP) and conduct IEP meetings as necessary, writing therapy reports and will maintain appropriate records to meet state and district requirements. The speech/language pathologist will provide the district with appropriate proof of current licensure, workers' compensation exemption and individual liability insurance.

**Contracted Dates:** 08/31/20 to 06/11/21

Rate per hour/per day: \$55.00 x 8 hrs./4 days per wk (160 days) = \$70,400.00

Per Diem/per day: \_\_\_\_\_ x \_\_\_\_\_ # of Days = \_\_\_\_\_

Mileage: \_\_\_\_\_ miles @ \_\_\_\_\_ per mile = \_\_\_\_\_

Other costs (explain): \_\_\_\_\_ Not to exceed total \$ amount \_\_\_\_\_ = \_\_\_\_\_

**Total Project Cost** = \$70,400.00

**Contract to be paid from:**

115-76-456-2152-330-611

**Independent Contractor:**

☐ Submit invoice on completion

☒ Other Submit Timesheet

**Employee:**

☐ Submit timesheet through payroll

The above terms and conditions constitute an agreement by and between the contractor and the Browning Public Schools for the contractor to render services, as indicated. In the event of non-completion of services or other unforeseen problems, this agreement shall be changed accordingly.

\_\_\_\_\_  
**Contractor's Signature**

Maureen Stott

\_\_\_\_\_  
**Principal/Supervisor**

\_\_\_\_\_  
**SSN/Federal ID Number/EIN**

\_\_\_\_\_  
**Superintendent**

An Independent Contractor must provide Browning Public Schools with a Federal ID Number, State Contractor License or sign an Independent Contractor's Exemption Application Affidavit waiving their rights under the Worker's Compensation Insurance and Unemployment Insurance for employees.

**White – Contractor**

**Yellow – Business Office**